#903

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Attorney Dock t Number

DECLARATION FO		First Named Inventor	JAMES D. MAHAN	
DESIGN PATENT APPLICATION		COMPLETE IF KNOWN		
(37 CFR		Application Number	Z^{\times}	
X Declaration Submitted OR	7	Filing Date	HEREWITH	1
	J Declaration Submitted after Initial Filling (surcharge (37 CFR 1.16 (e)) required)	Art Unit		1
with Initial Filing		Examiner Name		J
As the below named inventor, I he	ereby declare that:			
My residence, mailing address, and		v next to my name.		
I believe I am the original and first in	iventor of the subject matter w	hich is claimed and for whi	ch a patent is sought on the invention entitle	id:
and the second s				
"MASSAGE TABLE	FOR ADJUSTING	SPINAL AREA	"	
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Andrew Commence of the				
				J
the specification of which	(Title of the In	vention)		
		· · · · · · · · · · · · · · · · · · ·	en e	
is attached hereto	en e	*		
OR			* 	
was filed on (MM/DD/YYYY)		as United States A	pplication Number or PCT International	٠.
Application Number	and was amende	d on (MM/DD/YYYY)	(if applicable).	
				-
I hereby state that I have reviewed a any amendment specifically referred	nd understand the contents of to above:	the above identified specif	fication, including the claims, as amended by	y
applications, material information wh	ich became available between		37 CFR 1.56 including for continuation-in-pa application and the national or PCT	art
international filing date of the continu I hereby claim foreign priority benefit	s under 35 U.S.C. 119(a)-(d)	or (f), or 365(b) of any fore	eign application(s) for patent, inventor's or pla	ant
States of America, listed below and	have also identified below, by	checking the box, any fo	ted at least one country other than the Unit oreign application for patent, inventor's or pla one that of the application on which priority	ant
Prior Foreign Application	Country	Foreign Filling Date	Priority Certified Copy Attache	d?
Number(s)		(MM/DD/YYYY)	Not Claimed YES NO	
NA	NA [NA		
AND THE STATE OF T				
Additional foreign application n	umbers are listed on a supple	mental priority data sheet I	PTO/SB/02B attached hereto:	
	بغيرة فأنبعت بسيان فسند ببريد بمريسات سيان			_

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor				
Given Name JAMES D. Family Name MAHAN (first and middle [if any])	1			
Inventor's Signature × Limb & Novem	JUNE 6 , 03			
DESSA TEXAS U.S.A. Residence: City State Country	U.S.A. Citizenship			
1328 WESTBROOK AVENUE				
ODESSA TEXAS 79761 City State ZIP	U.S.A. Country			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned	l inventor			
Given Name X X X X X X X X X X X X X X X X X X X	x			
Inventor's X X X X X X X X X X X Signature	X X X X X X Date			
Residence: City. State Country	Citizenship			
Mailing Address				
	Country			

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POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	
Filing Date	HEREWITH
First Named Inventor	JAMES D. MAHAN
Title: "MASSAGE TABI	JAMES D. MAHAN E FOR ADJUSTING SPINAL AREA"
Group Art Unit	SI INAL ANDA
Examiner Name	
Attorney Docket Number	#903

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I am the:	•			
X Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name JA	MES D. MAHAN			
Signature Lames D. Modern				
Date JV	NE 26 , 2003			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
☐ *Total offorms are submitted.				

PTO/S8/09 (12-97)
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STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(b))-INDEPENDENT INVENTOR	Dock t Number (Optional) #903			
Applicant, Patentee, or Identifier: JAMES D. MAHAN				
Application or Patent No.:				
Filed or Issued: HEREWITH	· · · · · · · · · · · · · · · · · · ·			
Title: "MASSAGE TABLE FOR ADJUSTING SPINAL AR	EA"			
As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:				
Each such person, concern, or organization is listed below.				
Separate statements are required from each named person, concern, or organiza stating their status as small entities. (37 CFR 1.27) I acknowledge the duty to file, in this application or patent, notification of any chantitlement to small entity status prior to paying, or at the time of paying, the maintenance fee due after the date on which status as a small entity is no longer	ange in status resulting in loss of earliest of the issue fee or any			
JAMES D. MAHAN NAME OF INVENTOR H + + + + + + + + + + + + + + + + + +	+ + + + + + + + + + + + + + + + + + +			
Date Date	Date			

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